

County: St. Croix
 CHRISTIAN COMMUNITY HOME OF HUDSON
 1320 WISCONSIN STREET
 HUDSON 54016 Phone: (715) 386-9303

Facility ID: 2500

Page 1

Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 81
 Total Licensed Bed Capacity (12/31/01): 81
 Number of Residents on 12/31/01: 80

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 75

Non-Profit Corporation
 Skilled

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		50.0
Supp. Home Care-Personal Care	No					1 - 4 Years		43.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.5	More Than 4 Years		6.3
Day Services	No	Mental Illness (Org./Psy)	20.0	65 - 74	7.5			-----
Respite Care	No	Mental Illness (Other)	5.0	75 - 84	26.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	13.8	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	2.5		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	10.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	6.3	65 & Over	97.5	-----		
Transportation	Yes	Cerebrovascular	20.0		-----	RNs		5.7
Referral Service	No	Diabetes	2.5	Sex	%	LPNs		11.4
Other Services	No	Respiratory	7.5		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	26.3	Male	25.0	Aides, & Orderlies		
Mentally Ill	No		-----	Female	75.0			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medi care (Title 18)			Medi caid (Title 19)			Other			Pri vate Pay			Fami ly Care		Managed Care						
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	1	20.0	343	2	4.4	131	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.8
Skilled Care	4	80.0	343	34	75.6	111	0	0.0	0	27	90.0	129	0	0.0	0	0	0.0	0	65	81.3
Intermediate	---	---	---	9	20.0	91	0	0.0	0	3	10.0	124	0	0.0	0	0	0.0	0	12	15.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		45	100.0		0	0.0		30	100.0		0	0.0		0	0.0		80	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	15.2	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	1.1	Bathing	3.8	82.5	13.8	80
Other Nursing Homes	10.9	Dressing	35.0	51.3	13.8	80
Acute Care Hospitals	59.8	Transferring	36.3	51.3	12.5	80
Psych. Hosp. -MR/DD Facilities	1.1	Toilet Use	31.3	63.8	5.0	80
Rehabilitation Hospitals	0.0	Eating	83.8	10.0	6.3	80
Other Locations	12.0	*****				
Total Number of Admissions	92	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	3.8	Receiving Respiratory Care	11.3	
Private Home/No Home Health	14.6	Occ/Freq. Incontinent of Bladder	35.0	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	1.1	Occ/Freq. Incontinent of Bowel	35.0	Receiving Suctioning	0.0	
Other Nursing Homes	2.2			Receiving Ostomy Care	1.3	
Acute Care Hospitals	6.7	Mobility		Receiving Tube Feeding	5.0	
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	3.8	Receiving Mechanically Altered Diets	21.3	
Rehabilitation Hospitals	0.0					
Other Locations	14.6	Skin Care		Other Resident Characteristics		
Deaths	60.7	With Pressure Sores	5.0	Have Advance Directives	70.0	
Total Number of Discharges		With Rashes	1.3	Medications		
(Including Deaths)	89			Receiving Psychoactive Drugs	42.5	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.6	89.4	1.04	85.1	1.09	84.3	1.10	84.6	1.09
Current Residents from In-County	73.8	82.7	0.89	80.0	0.92	82.7	0.89	77.0	0.96
Admissions from In-County, Still Residing	30.4	25.4	1.20	20.9	1.46	21.6	1.41	20.8	1.46
Admissions/Average Daily Census	122.7	117.0	1.05	144.6	0.85	137.9	0.89	128.9	0.95
Discharges/Average Daily Census	118.7	116.8	1.02	144.8	0.82	139.0	0.85	130.0	0.91
Discharges To Private Residence/Average Daily Census	18.7	42.1	0.44	60.4	0.31	55.2	0.34	52.8	0.35
Residents Receiving Skilled Care	85.0	93.4	0.91	90.5	0.94	91.8	0.93	85.3	1.00
Residents Aged 65 and Older	97.5	96.2	1.01	94.7	1.03	92.5	1.05	87.5	1.11
Title 19 (Medicaid) Funded Residents	56.3	57.0	0.99	58.0	0.97	64.3	0.88	68.7	0.82
Private Pay Funded Residents	37.5	35.6	1.05	32.0	1.17	25.6	1.47	22.0	1.70
Developmentally Disabled Residents	0.0	0.6	0.00	0.9	0.00	1.2	0.00	7.6	0.00
Mentally Ill Residents	25.0	37.4	0.67	33.8	0.74	37.4	0.67	33.8	0.74
General Medical Service Residents	26.3	21.4	1.23	18.3	1.43	21.2	1.24	19.4	1.35
Impaired ADL (Mean)	36.5	51.7	0.71	48.1	0.76	49.6	0.74	49.3	0.74
Psychological Problems	42.5	52.8	0.80	51.0	0.83	54.1	0.79	51.9	0.82
Nursing Care Required (Mean)	5.6	6.4	0.88	6.0	0.93	6.5	0.86	7.3	0.77